

# Cahoy Supp. Dec. Ex. 102

UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF CALIFORNIA  
SAN FRANCISCO DIVISION

IN RE: DA VINCI SURGICAL ROBOT  
ANTITRUST LITIGATION

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Lead Case No.: 3:21-cv-03825-VC

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THIS DOCUMENT RELATES TO:  
ALL CASES

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SURGICAL INSTRUMENT SERVICE  
COMPANY, INC.,

Plaintiff,

vs. Case No.: 3:21-cv-03496-VC

INTUITIVE SURGICAL, INC.,

Defendant.

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REMOTE VIDEOTAPED DEPOSITION OF  
JOHN FRANCIS, M.D.

Pages 1 through 70

Friday, October 14, 2022  
3:03 p.m. - 4:26 p.m.

Stenographically Reported By:  
Denise Sankary, RPR, RMR, CRR

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17 ALSO PRESENT:

18 Michael Peterman, Videographer  
19  
20  
21  
22  
23  
24  
25

1 Do you understand that?

2 A. Yes.

3 Q. Any reason that you can't give full and  
4 accurate testimony today?

5 A. No.

6 Q. Great. Would you describe for me,  
7 briefly, please, your medical training?

8 A. Briefly, I was trained in human medicine  
9 at Michigan State University from 1994 to 1998. I  
10 transitioned to residency training in general  
11 surgery with the now-Spectrum Group -- formerly, it  
12 was Granick -- in general surgery from 1998 to 2003  
13 and left there and started private practice in 2003.

14 Q. And since 2003, you've been a general  
15 surgeon at Unity Healthcare at The Lafayette  
16 Surgical Clinic; is that right?

17 A. That's correct.

18 Q. And for how long have you had an  
19 affiliation with Franciscan Alliance?

20 A. For about the same amount of time.

21 Q. Okay. Am I correct that you were the  
22 chief of surgery for Franciscan from 2010 to 2020?

23 A. That's correct.

24 Q. And just briefly, what were your  
25 responsibilities as the chief of surgery for

1 remember exactly when I started performing  
2 operations on patients, but somewhere in that range.

3 Q. Approximately how many procedures have you  
4 performed using the da Vinci?

5 A. It's going to be getting close to a  
6 thousand now.

7 Q. When you first began using the da Vinci  
8 system, were you skeptical about the system, or what  
9 were you -- what was your perspective on it?

10 A. Yes. I was trained in open surgeries and  
11 laparoscopy, and I did not initially see any value  
12 to adding an interface like robotics. Once I  
13 started using it and realized that there was dual  
14 vision that you could use versus a single eye, the  
15 three-dimensional aspects was quite a bit -- I would  
16 say it got easier to assess tissue and perform  
17 certain procedures.

18 In addition to that, I found that less  
19 trauma to the patients occurred because you were  
20 touching fewer amounts of tissue, and as a result,  
21 the patients recovered quicker with less pain. And  
22 initially, I was skeptical of that, but after  
23 performing several different types of procedures,  
24 realized that that actually was true for a majority,  
25 if not all of the patients.

1 Q. And when you say that there was less  
2 trauma to the patients when using the da Vinci  
3 system, are you comparing it to laparoscopy, open,  
4 or both?

5 A. Both.

6 Q. Do you perform hernia repairs using the --  
7 excuse me. Let me rephrase.

8 Do you perform hernia repairs at  
9 Franciscan?

10 A. Yes.

11 Q. And do you perform hernia repairs using  
12 the da Vinci system?

13 A. Yes.

14 Q. Have you performed hernia repairs using  
15 laparoscopic -- laparoscopic techniques?

16 A. Yes.

17 Q. Have you performed hernia repairs using  
18 open techniques?

19 A. Yes.

20 Q. Are there -- excuse me.

21 You mentioned that you're -- you're  
22 currently using the da Vinci Xi system; is that  
23 correct?

24 A. That's correct.

25 Q. Have you used in the da Vinci systems in

1 the past?

2 A. I was trained on the da Vinci Si system  
3 initially, and then as soon as the Xi system was  
4 available, we immediately switched to that system.

5 Q. And why is that?

6 A. Improved technology.

7 Q. What are the benefits to the Xi compared  
8 to the Si?

9 A. A few of the benefits include easier  
10 transition of instruments, better range of motion  
11 for the arms, less movement of the machine in terms  
12 of repositioning during an operation, greater range  
13 in terms of the amount of space you can do an  
14 operation when it comes to abdominal or peritoneal  
15 approaches. So ease of use, greater flexibility,  
16 and actually, more efficient use of the machine.

17 Q. When you first see a patient, what are the  
18 steps that you take to -- to figure out the best  
19 treatment for that individual?

20 A. Well, first, you have to make a diagnosis  
21 on what the issue might be, whether it's a  
22 surgically corrected procedure or not, or surgically  
23 corrected disease process, and once you see that it  
24 can be operated on in an appropriate manner and if  
25 the operation is necessary, then you discuss it with

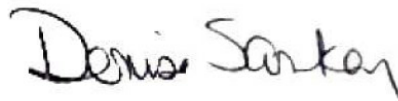
CERTIFICATE OF REPORTER

STATE OF FLORIDA

I, DENISE SANKARY, Registered Merit Reporter, do hereby certify that I was authorized to and did stenographically report the foregoing Remote Videotaped of JOHN FRANCIS, M.D.; pages 1 through 66; that a review of the transcript was requested; and that the transcript is a true record of my stenographic notes.

I FURTHER CERTIFY that I am not a relative, employee, attorney, or counsel of any of the parties, nor am I a relative or employee of any of the parties' attorneys or counsel connected with the action, nor am I financially interested in the action.

Dated this 1st day of November, 2022.



DENISE SANKARY, RPR, RMR, CRR